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PTO/SB/01 (12-97)

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket Number	9/255
	First Named Inventor	CIRILLO, P.F. et al
	COMPLETE IF KNOWN	
	Application Number	10 / 632,998
	Filing Date	August 1, 2003
	Group Art Unit	To be assigned
	Examiner Name	To be assigned
<input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)		

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Fluorinated di-aryl urea compounds

the specification of which

(Title of the Invention)

is attached hereto

OR

was filed on (MM/DD/YYYY) **August 1, 2003** as United States Application Number or PCT International

Application Number 10/632,998 and was amended on (MM/DD/YYYY) [REDACTED] (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s) and Filing Date (MM/DD/YYYY) for any United States provisional application(s) listed below.		<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/401,921	08/08/2002	

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number		Parent Filing Date (MM/DD/YYYY)		Parent Patent Number (if applicable)			
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.							
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: <input type="checkbox"/> Customer Number <input type="text" value=""/> → <input type="checkbox"/> Place Customer Number Bar Code Label here <input checked="" type="checkbox"/> Registered practitioner(s) name/registration number listed below							
Name	Registration Number	Name	Registration Number				
Robert P. Raymond	25,089	Susan K. Pocchiari	45,016				
Alan R. Stempel	28,991	Philip I. Datlow	41,482				
Mary-Ellen M. Devlin	27,928	Timothy X. Witkowski	40,232				
Anthony P. Bottino	41,629	David A. Dow	46,124				
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.							
Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label <input type="text" value="28509"/> OR <input type="checkbox"/> Correspondence address below							
Name							
Address							
Address							
City	State		ZIP				
Country	Telephone		Fax				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle if any)			Family Name or Surname				
Pier Francesco			CIRILLO				
Inventor's Signature	<i>Pier Francesco Cirillo</i>				Date	10/13/03	
Residence: City	Woodbury	State	CT	Country	US	Citizenship	IT
Post Office Address	900 Ridgebury Road						
Post Office Address							
City	Ridgefield	State	CT	ZIP	06877	Country	US
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto							



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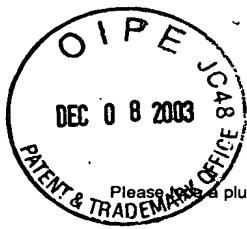
DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Abdelhakim		HAMMACH	
Inventor's Signature	<i>Abdelhakim Hammach</i>		Date <u>10/15/2003</u>
Residence: City	Danbury	State	CT
Country	US	Citizenship	US
900 Ridgebury Road Mailing Address			
Mailing Address			
City	Ridgefield	State	CT
ZIP	06877	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Victor		KAMHI	
Inventor's Signature	<i>Victor Kamhi</i>		Date <u>10/13/03</u>
Residence: City	Danbury	State	CT
Country	US	Citizenship	US
900 Ridgebury Road Mailing Address			
Mailing Address			
City	Ridgefield	State	CT
ZIP	06877	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Neil		MOSS	
Inventor's Signature	<i>Neil Moss</i>		Date <u>10/16/03</u>
Residence: City	Ridgefield	State	CT
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900 Ridgebury Road Mailing Address			
Mailing Address			
City	Ridgefield	State	CT
ZIP	US	Country	US

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 2 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Paul S.		RISKA	
Inventor's Signature	<i>Paul S. Riska</i>		Date <u>10/10/03</u>
Residence: City	Danbury	State	CT
		Country	US
Citizenship US			
900 Ridgebury Road Mailing Address			
Mailing Address			
City	Ridgefield	State	CT
		ZIP	06877
		Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Christopher		PARGELLIS	
Inventor's Signature	<i>Christopher Pargellis</i>		Date <u>10/13/03</u>
Residence: City	Redding	State	CT
		Country	US
Citizenship US			
900 Ridgebury Road Mailing Address			
Mailing Address			
City	Ridgefield	State	CT
		ZIP	06877
		Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature			Date
Residence: City		State	
		Country	
Citizenship			
Mailing Address			
Mailing Address			
City		State	
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		Country	

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